

**AMENDMENT #1 TO THE CONTRACT BETWEEN THE COUNTY OF
NEVADA, BEHAVIORAL HEALTH DEPARTMENT, AND FOOTHILL HOUSE
OF HOSPITALITY D/B/A HOSPITALITY HOUSE (RES 18-255)**

THIS AMENDMENT is executed this 12th day of March, 2019 by and between FOOTHILL HOUSE OF HOSPITALITY D/B/A HOSPITALITY HOUSE and COUNTY OF NEVADA. Said Amendment will amend the prior contract between the parties entitled Contract executed on June 19, 2018 (RESO 18-255); and

WHEREAS, the Contractor provides services related to Homeless Outreach, Access and Linkage to Treatment Services Act (MHSA) Prevention and Early Intervention (PEI) Plan, Projects for Assistance in Transition for Homelessness (PATH), and SAMHSA Grants for the Benefits of Homeless Individuals (GBHI) for the Contract term of July 1, 2018 through June 30, 2019; and

WHEREAS, the parties desire to amend their Contract to 1) increase the Maximum Contract Price from \$105,797 to \$143,971 (an increase of \$38,174) due to the incorporation of SAMHSA GBHI grant funding, 2) revise Exhibit "A" Schedule of Services to reflect the addition of two new positions and their descriptions, and 3) revise Exhibit "B" Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of March 1, 2019.
2. That Section (§2) Maximum Contract Price, shall be changed to the following: \$143,971.
3. The Exhibit "A", Schedule of Services, shall be revised to the amended Exhibit "A" as attached hereto and incorporated herein.
4. That Exhibit "B", "Schedule of Charges and Payments", shall be revised to the amended Exhibit "B" as attached hereto and incorporated herein.
5. That in all other respects the prior Agreement of the parties shall remain in full force and effect.

COUNTY OF NEVADA:

CONTRACTOR:

By: _____
Honorable Richard Anderson
Chair, Board of Supervisors

By: _____
Nancy Baglietto
Executive Director

Dated: _____

Dated: _____

Attest: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

EXHIBIT "A"

SCHEDULE OF SERVICES

FOOTHILL HOUSE OF HOSPITALITY D/B/A HOSPITALITY HOUSE

Foothill House of Hospitality, d/b/a Hospitality House, herein referred to as “Contractor”, shall provide Homeless Outreach, Access and Linkage to Treatment Services as a component of the County’s Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan and as a component of the County’s Projects for Assistance in Transition from Homelessness (PATH) for the Nevada County Department of Behavioral Health, herein referred to as “County”.

Hospitality House Outreach, Access and Linkage to Treatment Programs:

The Homeless Outreach, Access and Linkage to Treatment Program is a program that utilizes an Outreach Case Manager to go to where the homeless are to:

- 1) Promote Safety: engage with homeless individuals in order to reduce the risk of harm and enhance safety; to stabilize acute symptoms via crisis intervention; and utilize opportunity for further work;
- 2) Form Relationships: engage with homeless people in a manner that promotes trust, safety and autonomy, while developing relevant goals;
- 3) Learn Common Language Construction: attempt to understand a homeless person’s world by learning the meaning of his or her gestures, words and actions; promote mutual understanding; and jointly define goals;
- 4) Facilitate and Support Change: prepare individuals to achieve and maintain positive change by pointing out discrepancy; exploring ambivalence, reinforcing healthy behaviors and developing skills, as well as needed supports; utilize Change Model and Motivational Interviewing Principles;
- 5) Form Cultural and Ecological Considerations: prepare and support homeless individuals for successful transition and adaptation to new relationships, ideas, services, resources, treatment, housing, etc.

The Homeless Outreach, Access and Linkage to Treatment Services are administered by the Contractor, an agency that provides emergency shelter and prevention services to Nevada County homeless population. The Homeless Outreach, Access and Linkage to Treatment Services shall serve Western Nevada County residents, including, all racial, ethnic and cultural populations including veterans. The Contractor shall hire an Outreach Case Manager, Certified Alcohol and Drug Abuse Counselor (CADAC) and a Housing Specialist, all of whom will provide outreach, access and linkage services to homeless individuals in Western Nevada County. The Homeless Outreach Case Manager shall provide Case Management Services to a minimum of 50 individuals or families per year in Western Nevada County. The Outreach Case Manager shall work with homeless individuals to connect them to benefits/jobs, housing, services and treatment. The Outreach Case Manager shall participate in the Continuum of Care to End Homelessness Collaborative. The Outreach Case Manager shall collaborate and coordinate with other supporting agencies that are assisting a homeless individual or family. The Outreach Case Manager shall work with Social Services, Public Health, Behavioral Health, churches, non-profit organizations, service providers, family members and other support systems of the homeless individual or family. The Outreach Case Manager shall be trained in the process to do warm referral(s) and follow up.

Contractor's "Outreach Case Manager" shall:

- Provide outreach to homeless people where they are at - do not require them to come to you.
- Go to remote outlying areas, as needed.
- Be at Hospitality House daily.
- Go to the Booth Family Center on an as needed basis.
- Go to SPIRIT Center on as needed basis.
- Ask the homeless individuals what services they need.
- Create relevant goals jointly with homeless individuals.
- Educate the homeless on mental health and substance abuse issues.
- Refer mentally ill homeless population to treatment and provide the homeless individuals support to attend treatment services.
- Support individuals with their first appointment to service providers and/or until the individual is comfortable with the service provider.
- Assist individuals and/or families to apply for Social Security income and other mainstream benefits (CalWORKs, Cal Fresh, Medi-Cal, General Assistance, etc.).
- Assist individuals and/or families connect to housing.
- Assist individuals to connect to the CalWORKs One Stop office (employment services).
- Refer appropriate individuals and/or families to the Behavioral Health Access Team and other mental health service providers.
- Participate in the Nevada County Continuum of Care Collaborative.
- Participate in the MHSA Steering Committee
- Enter client data and services provided into the Homeless Management Information System (HMIS).
- Collect and maintain data and provide reports for MHSA and PATH outreach services provided.

Contractor's Certified Alcohol and Drug Abuse Counselor (CADAC)

The Certified Alcohol and Drug Abuse Counselor (CADAC) counsels and aids clients and families requiring assistance dealing with substance abuse problems, such as alcohol or drug abuse. Mileage, cell phone, training fees, and supply costs are based on the contract agency's history of expenses. The indirect costs reflect the Homeless Management Information System (HMIS) licensing fees.

Contractor's Housing Specialist

The Housing Specialist is responsible for the attainment of housing resources for clients and provides direct assistance as needed. Mileage, cell phone, training fees, and supply costs are Nevada County Behavioral Health Department based on the contract agency's history of expenses.

Hospitality House Staff will differentiate between which individuals are being served by either MHSA/PEI or PATH. Though these individuals may have many of the same needs

and mental illnesses, PATH funds will be directed towards individuals who are mainly in need of being linked to housing or who are a veteran.

Outcome data elements that will be tracked are:

MHSA/PEI

- The number of homeless individuals and families served in Western Nevada County.
- PEI demographic information.
- The number of individuals and families referred to another agency and the name of the agency/agencies.
- The number of individuals and families that followed through on the referral and engaged in services from the referred agency. This is defined as the number of individuals who participated at least once in the program to which the person was referred.
- The number of homeless and mentally ill individuals that are referred and engaged in treatment. This is defined as the number of individuals who participated at least once in the mental health program to which the person was referred.
- Duration of untreated mental illness:
 - Duration of untreated mental illness shall be measured for persons who are referred to treatment and who have not previously received treatments as follows:
 - The time between the self-report and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
- The Interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred.
- The number of homeless individuals and families that find stable permanent housing.

PATH (see www.pathpdx.org for specifics)

- General demographic information including veteran status
- Housing Information
- Mental Health/Co-Occurring Information
- Medical Information
- Employment Information
- Assessed Resources and Service Needs

The outcomes to be achieved by the Homeless Outreach, Access and Linkage Program will be:

- 90% of homeless and severely mentally ill individuals with no Social Security income (or other source of income) will be offered assistance with a referral to the

- Social Security office and/or an application for benefits so that the individual can receive Social Security income.
- 90% of homeless and severely mentally ill individuals will be referred to mental health services.
 - 70% of individuals with a drug problem will be referred to drug treatment services.
 - Refer a minimum of 10 individuals per year to mental health services.
 - 70% of individuals who are referred engage in the referred service, defined as participating at least once in the service.
 - 25% of individuals and/or families served will secure stable housing.

Additionally, Contractor shall be responsible for providing:

1. Bi-Annual Progress Report (July 1st – December 31st) due no later than January 31st.
2. Annual Progress Report (July 1st – June 30th) due no later than July 31st.
3. Any MHSA Progress or Evaluation Report that is required, and or as may be requested by the County. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to MHSA PEI reporting guidelines.
4. Any PATH Progress or Evaluation Report that is required, and or as may be requested by the County. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this Agreement as may be necessary for the County to conform to PATH reporting guidelines.

**Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI):
Access and Linkage Program Regulations:**

“Access and Linkage to Treatment Program” means a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.

(1) Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

Each PEI program is required to have the following strategies as part of the program:

- (1) Be designed and implemented to help create Access and Linkage to Treatment.
- (2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.

(A) “Improving Timely Access to Services for Underserved Populations” means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

(B) Services shall be provide in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.

(C) In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a Program.

(3) Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory

(A) “Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.

(B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating mental health services with other life resources; promoting positive attitudes and understanding of recovery among mental health providers; inclusion and welcoming of family members; and employment of peers in a range of roles.

For each Access and Linkage to Treatment Program the program shall track:

(1) Number of referrals to treatment, and kind of treatment to which person was referred.

(2) Number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.

(3) Duration of untreated mental illness.

(A) Duration of untreated mental illness shall be measured for persons who are referred to treatment and who have not previously received treatment as follows:

1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into

treatment, defined as participating at least once in treatment to which the person was referred.

(4) The interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred

EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
FOOTHILL HOUSE OF HOSPITALITY, D/B/A HOSPITALITY HOUSE

County shall pay to Contractor a maximum not to exceed \$143,971 (an increase of \$38,174) for the entire contract term, for satisfactory performance of services in accordance with Exhibit “A”.

As compensation for services rendered to County, Contractor shall be reimbursed for actual salary/benefits and project costs incurred in carrying out the terms of the contract. Contractor shall bill County monthly, and each invoice shall state the amount of personnel hours/benefits and reimbursement expenses being claimed by funding source. Contractor agrees to be responsible for the validity of all invoices.

The project maximum is based on the following estimated project budget:

	MHSA PEI	PATH	PATH Vets	SAMHSA GBHI	Total
Salary & Benefits					
Outreach Case Manager	\$27,576	\$8,809	\$1,915	\$ -	\$38,300
CDAC Counselor	\$	\$	\$	\$13,867	\$13,867
Housing Specialist	\$	\$	\$	\$11,093	\$11,093
Benefits	\$6,059	\$1,909	\$332	\$9,564	\$17,864
Bookkeeper		\$550		\$	\$550
Total Salary & Benefits	\$33,635	\$11,268	\$2,247	\$34,524	\$81,674
Operating Expenses					
Equipment	\$5,119	\$ -	\$ -	\$	\$5,119
Supplies	\$9,318	\$309	\$175	\$180	\$9,982
Travel	\$3,500	\$450	\$250	\$	\$4,200
Client Program Expense	\$14,603	\$		\$	\$14,603
Other Operating Expense	\$9,900				\$9,900
Total Operating Expenses	\$42,440	\$759	\$425	\$180	\$43,804
Admin/Supervision (10% max)					
	\$13,425	\$1,291	\$307	\$3,470.40	\$18,493
Total Admin	\$13,425	\$1,291	\$307	\$3,470.40	\$18,493
Total	\$89,500	\$13,318	\$2,979	\$38,174	\$143,971

Contract Maximum is based on reimbursement for actual salary/benefits of Contractor's assigned staff, and program expenses not to exceed \$143,971 for the term of July 1, 2018 through June 30, 2019.

Mileage reimbursement rate may not exceed the current IRS allowable rate.

BILLING AND PAYMENT:

Major line items (total salary, total benefits) within the budget may be increased or decreased by using funds from other line items by no more than 10% of their original amounts. Budgeted amounts cannot be moved between funding sources i.e. cannot move money between PEI and PATH. Contractor shall submit a written explanation of the need for any adjustments. County reserves the right to deny any such change on any line item.

Payment shall be approved after approval by County's PEI and PATH Program Manager of invoice and any required reports for that period.

County shall review the billing and notify the Contractor within fifteen (15) working days if an individual item or group of costs is being questioned. Contractor has the option of delaying the entire claim pending resolution of the cost(s). Payments of approved billing shall be made within thirty (30) days of receipt of a complete, correct, and approved billing.

To expedite payment, Contractor shall reference the Resolution Number assigned to their Contract on their invoice.

Contractor shall submit invoices for services to:

HHSA Administration
Attn: BH Fiscal
950 Maidu Avenue
Nevada City, CA 95959

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